

# INFLUENZA SURVEILLANCE SPECIMEN SUBMITTAL FORM

**COUNTY OF SAN BERNARDINO**  
**DEPARTMENT OF PUBLIC HEALTH LABORATORY**  
 Linda Ward, Laboratory Director  
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 Phone: (909) 458-9430 Mon – Fri 8 am to 5 pm  
<http://www.sbcounty.gov/pubhlth>



- **Specimens will not be tested if this form is not complete**
- See specimen submittal instructions on back

Patient's last name, first name			Patient's address (including zip code)	
MR#:			COUNTY:	
Occupation				
Age	DOB	Sex (circle) M F	Home phone:	Alternate phone:
Height	Weight	Onset Date:	Disease suspected <u>or</u> test requested – <u>check one</u> : [ ] Influenza [ ] Other respiratory virus	
Specimen type and/or specimen source			Date collected	
Type or print submitting Physician's name, facility and facility mailing address			Facility Phone number	
			Facility Fax number	
<b>Local Laboratory Results:</b> Was this specimen tested by a rapid antigen test? [ ] Yes [ ] No If yes, result: [ ] Pos [ ] Neg Was this specimen typed as Influenza A? [ ] Yes [ ] No If yes, was subtype identified? [ ] Yes [ ] No				
<b>Epidemiologic Information</b> Travel in past 30 days? [ ] Yes [ ] No If yes, describe: _____ Onset of influenza like illness (ILI) within 7 days of close contact with a person who has an ILI? [ ] Yes [ ] No If yes, what type of contact? Household [ ] Other close contact [ ] Describe: _____				
Does the patient attend/work/live in a group setting i.e., school, hospital, long-term care facility? [ ] Yes [ ] No If yes, type of setting (school, long-term care facility, etc.) _____ Name of school/facility: _____ City: _____				
<b>Clinical Information (Please attach clinic/hospital notes and laboratory data)</b> [ ] Fever to _____ °F [ ] Cough [ ] Sore throat [ ] Nausea / vomiting / diarrhea (circle) [ ] Headaches / body aches [ ] Shortness of breath [ ] Other, please describe: _____ Is patient hospitalized? [ ] Yes [ ] No Is patient in ICU? [ ] Yes [ ] No Pregnancy status? _____ Antiviral treatment? [ ] Yes [ ] No If yes, list drug and start date: _____ Underlying medical condition: Asthma/chronic lung disease? [ ] Yes [ ] No Heart or circulatory disease? [ ] Yes [ ] No Diabetes/renal disease? [ ] Yes [ ] No Cancer in last 12 months? [ ] Yes [ ] No Other (describe): _____				

## Specimen Collection and Submittal Instructions

Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. Personnel collecting clinical specimens should wear an N95 respirator, goggles, disposable gown, and disposable gloves.

### Respiratory Specimens:

- Each specimen should be labeled with: **date of collection, specimen type, and patient name.**
- Preferred specimen is a nasopharyngeal swab.
- Oropharyngeal (throat) swabs are acceptable, but may not have as high yield. If oropharyngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx.
- Place the swabs in a standard container with 2-3 ml of viral transport media.
- Nasopharyngeal wash or nasopharyngeal aspirate is also acceptable.
- If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained.

### Specimen Storage and Shipment:

**Specimens will not be tested if the front of this form is not completed.** The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within five days of the date collected. If samples cannot be received by the laboratory within five days, they should be frozen at -70°C or below and shipped on dry ice. Specimens should be transported to the address shown on front of this form.

- **Specimens must be received at the laboratory during normal business hours unless special arrangements are made.**
- **Specimen submission does not guarantee testing. Testing priority will be based on patient health history and public health surveillance guidelines.**
- **Incomplete forms will be faxed to submitter for revision.**